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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**☐ Declaration
Submitted
With Initial
Filing

OR

☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	056754/0120889
First Named Inventor	Jacobson
COMPLETE IF KNOWN	
Application Number	10/725,686
Filing Date	12/2/2003
Art Unit	1756
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

System for Contact Printing

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 12/02/2003 as United States Application Number or PCT International

Application Number 10/725,686 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 4]

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION – Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number: OR ☒ Correspondence address below

Name
Norma E. Henderson, Esq.

Address Hinckley, Allen & Snyder LLP
43 North Main Street, 2nd floor

City
Concord

State
NH

ZIP
03301-4934

Country
USA

Telephone
603-225-4334

Fax
603-224-8350

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Joseph M.

Family Name
or Surname Jacobson

Inventor's
Signature

Date
5/17/04

Residence: City
Newton

State
MA

Country
US

Citizenship
US

Mailing Address
233 Grant Avenue

City
Newton

State
MA

ZIP
02459

Country
US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Eric Jameson

Family Name
or Surname Wilhelm

Inventor's
Signature

Date
2004-05-17

Residence: City
Somerville

State
MA

Country
US

Citizenship
US

Mailing Address
15 Lee Street

City
Somerville

State
MA

ZIP
02145

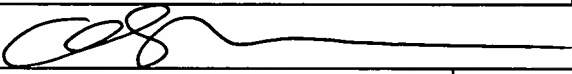

Country
US

☒ Additional inventors or a legal representative are being named on the 2 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.



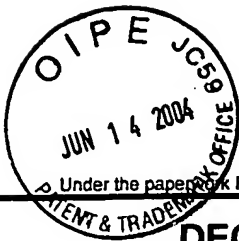
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet	Page <u>3</u> of <u>4</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Colin A.		Bulthaup	
Inventor's Signature		Date	
Residence: City	Oakland	State	CA
		Country	US
Citizenship		US	
Mailing Address 676 Santa Ray Ave.			
Mailing Address			
City	Oakland	State	CA
		Zip	94610
		Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Alexander Henry		Slocum	
Inventor's Signature 		Date <u>5/20/04</u>	
Residence: City	Bow	State	NH
		Country	US
Citizenship		US	
Mailing Address 1 Merrill Crossing			
Mailing Address			
City	Bow	State	NH
		Zip	03304
		Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Emily Cathryn		Warmann	
Inventor's Signature 		Date	
Residence: City	Cambridge	State	MA
		Country	US
Citizenship		US	
Mailing Address 276 Windsor St.			
Mailing Address			
City	Cambridge	State	MA
		Zip	02139
		Country	US

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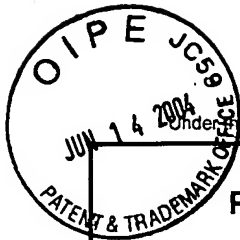
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet	Page <u>4</u> of <u>4</u>
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Given Name (first and middle [if any])		Family Name or Surname			
Colin A.		Bulthaup			
Inventor's Signature		Date <u>5/17/2004</u>			
Residence: City	Oakland	State	CA		
		Country	US		
Citizenship US					
Mailing Address 676 Santa Ray Ave.					
Mailing Address					
City		Oakland	State	CA	
		Zip	94610	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Alexander Henry		Slocum			
Inventor's Signature		Date			
Residence: City	Bow	State	NH		
		Country	US		
Citizenship US					
Mailing Address 1 Merrill Crossing					
Mailing Address					
City		Bow	State	NH	
		Zip	03304	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Emily Cathryn		Warman			
Inventor's Signature		Date			
Residence: City	Cambridge	State	MA		
		Country	US		
Citizenship US					
Mailing Address 276 Windsor St.					
Mailing Address					
City		Cambridge	State	MA	
		Zip	02139	Country	US

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/725,686
Filing Date	12/2/2003
First Named Inventor	Jacobson, Joseph M.
Title	System for Contact Printing
Art Unit	1756
Examiner Name	
Attorney Docket Number	056754/0120889

I hereby appoint:

☐ Practitioners at Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Norma E. Henderson	39,219

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Norma E. Henderson, Esq.				
Address	Hinckley, Allen & Snyder LLP				
Address	43 North Main Street				
City	Concord	State	NH	Zip	03301-4934
Country	US				
Telephone	603-225-4334	Fax	603-224-8350		

I am the:

☒ Applicant/Inventor☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

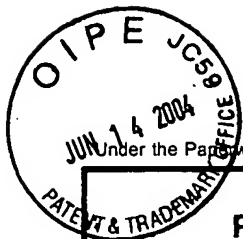
Name	Joseph M. Jacobson		
Signature			
Date	5/17/04	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 5 forms are submitted.

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Name	Alexander Henry Slocum		
Signature			
Date	5/20/2004	Telephone	617 253 0012

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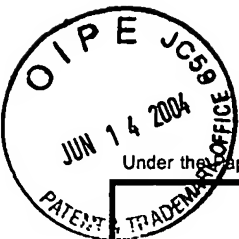
Name	Emily Cathryn Warmann		
Signature			
Date		Telephone	

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	Eric Jamesson Wilhelm		
Signature			
Date	2004-05-17	Telephone	

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	Colin A. Bulthaup		
Signature			
Date	5/17/2004	Telephone	510-290-9125

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